



# LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

## STANDARDS OF CARE COMMITTEE MEETING MINUTES

July 2, 2009

Approved  
8/6/2009

| MEMBERS PRESENT                    | MEMBERS ABSENT     | PUBLIC        | HIV EPI AND<br>OAPP STAFF | COMM STAFF/<br>CONSULTANTS |
|------------------------------------|--------------------|---------------|---------------------------|----------------------------|
| Angélica Palmeros, <i>Co-Chair</i> | Anthony Bongiorno  | Louis Guitron | Angela Boger              | Jane Nachazel              |
| Fariba Younai, <i>Co-Chair</i>     | Sharon Chamberlain | Dean Page     | Wendy Garland             | Glenda Pinney              |
| Mark Davis                         | Terry Goddard      |               | Tia Mao                   | Craig Vincent-Jones        |
| Maxine Franklin                    |                    |               | Amy Wohl                  |                            |
| David Giugni                       |                    |               |                           |                            |
| Brad Land                          |                    |               |                           |                            |
| Jenny O'Malley                     |                    |               |                           |                            |
| Everardo Orozco                    |                    |               |                           |                            |

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 7/2/2009
- 2) **Minutes:** Standards of Care Committee Meeting Minutes, 5/7/2009
- 3) **Table:** Evaluating Service Effectiveness, 6/12/2008
- 4) **Flow Chart:** Medical Cluster, *ongoing*
- 5) **List:** Service Effectiveness Methodology, Indicators and Outcomes, 5/7/2009
- 6) **Standards of Care:** Outreach Services, 5/11/2009
- 7) **Comments:** Case Management, Housing, 7/2/2009
- 8) **Standards of Care:** Case Management, Housing, 5/26/2009

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 10:30 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Minutes for 5/7/2009 Standards of Care (SOC) Committee meeting approved (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:** There was no report.
8. **STANDARDS OF CARE:**
  - **Case Management, Housing:** This item was postponed.
  - **Outreach:** There were no comments. Committee agreed to present the standard at the 7/9/09 Commission meeting for final approval.

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9. **GRIEVANCE POLICY AND PROCEDURES:** This item was postponed.

### 10. **SERVICE EFFECTIVENESS:**

- The Effectiveness Subcommittee is continuing work on implementation of the evaluation of service effectiveness methodology and referred final development of indicators and measures for the Medical Cluster of services to the SOC Committee.
- Mr. Vincent-Jones felt interviews were not needed as quality of life data could be assessed through the Los Angeles County HIV Needs Assessment (LACHNA) that is only six months old, and other data. Additionally, there are insufficient funds to do the 400 to 600 interviews that Dr. Wohl indicated would be necessary.
- Dr. Younai felt all provider surveys should be done concurrently for data equivalency. Mr. Vincent-Jones recommended surveying one service cluster per year because change was likely to be insignificant over the seven years.
- Ms. Palmeros suggested that quality of life and self-sufficiency data be accessed through case management indicators like the ability to do daily activities and the number of days the patient feels “blue.”
- Ms. O’Malley asked if the process was similar to Quality Management (QM). Mr. Vincent-Jones replied that QM continuously draws comparisons with itself, i.e., due process, study results, revise, do again, in an effort to improve service delivery. In contrast, service effectiveness evaluation aims to capture a momentary assessment of multiple factors defining how well services are being offered.
- Dr. Wohl stated that the annual Medical Monitoring Project incorporates quality of life as part of a 45-minute interview. Mr. Guiron noted that not all quality of life issues are medical.
- Mr. Land asked about provider monitoring and cost-effectiveness of services. Mr. Vincent-Jones responded that the Commission receives aggregate data e.g., agency performance, as an indicator.
- Measures based on the indicators chosen will be developed for the 8/6/09 SOC Committee meeting by a work group and staff will bring together the indicator information.
- The Committee chose the following indicators:

| Health Outcomes   | Medical Outpatient                       | Local Drug Program     | Oral Health                                 | Mental Health Programs                           |
|---|--|------------------------|---|--|
| <i>Health Status<br/>Quality of Life<br/>Self-Sufficiency</i> | CD4                                      | Use of medications     | Pocket depth                                | Change in diagnosis                              |
|   | Viral Load                               | Not on ADAP            | Number of decayed teeth                     | Change in Global Assessment of Functioning Score |
|   | Resistance                               |                        | Presence of symptoms                        | Change in reported symptoms                      |
|   | Opportunistic Infections                 |                        |   |  |
| Patient Outcomes  | Medical Outpatient                       | Local Drug Program     | Oral Health                                 | Mental Health Programs                           |
| <i>Entry<br/>Retention<br/>Adherence</i>                      | Time from HIV diagnosis to treatment     | Receipt of medications | Time from identification of need to service | Time from identification of need to treatment    |
|   | Number of visits                         | Not on ADAP            | Number of hygiene visits per year           | Missed appointments                              |
|   | Missed appointments                      |                        | Number of non-hygiene visits per year       | Availability of psychiatrists                    |
|   | Time from referral to specialty services |                        | Achievement of treatment plan goals         | Achievement of treatment plan goals              |
|   | Availability of specialists              |                        |   |  |
|   | Minimum 2 visits in 6 months             |                        |   |  |
|   | Achievement of treatment plan goals      |                        |   |  |

11. **STANDARDS REVIEW POLICIES:** There was no report regarding RFP/Standards Update Timeline.

### 12. **MEDICAL CARE COORDINATION (MCC):**

- **Technical Assistance:** Mr. Vincent-Jones reported that Donna Yutzy has begun the technical assistance.

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- **Oversight Committee:** A transition team, consisting of the Office of AIDS Programs and Policy (OAPP), the Commission and community stakeholders, is being developed. OAPP is also developing an internal committee.
- **Service Definition:** There was no report.

### 13. ACTIVITY UPDATES:

- **Standards Publication:** Work is proceeding on schedule.
- **Special Population Guidelines:** There was no report.

14. **COMMITTEE WORKPLAN:** There was no additional discussion.

15. **AETC REPORT:** There was no report.

16. **MEDICAL OUTPATIENT RATE STUDY:** This item was removed from the agenda at the 5/7/2009 Committee meeting.

17. **NEXT STEPS:** There was no report.

18. **ANNOUNCEMENTS:** There were no announcements.

19. **ADJOURNMENT:** The meeting adjourned at 12:00 noon.